

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

097082954

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	✓						51							
2		✓					52							
3	✓						53							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5						TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	5						TOTAL CLAIMS							